## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND						
1 Date of Request: 2 Serial/Pater				10/52	22147	
3 Please refund the following fee(s):		4 PAP NUM	ER BER	5 DATE FILED	6 AMOUNT	
Filing		/	1	1/24/05	\$ 150	
Amendment					\$	
Extension of Time					\$	
Notice of Appeal/Appeal					\$	
Petition					\$	
Issue					\$	
Cert of Correction/Terminal Disc.					\$	
Maintenance				Jimma a a a a a a a a a a a a a a a a a a	\$	
Assignment					\$	
Other					\$	
		7 TOTAL AMOUNT S 150			\$ 150	
		8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check				
Overpayment			Credit Deposit A/C #:			
Duplicate Payment .			9	6 0	916	
No Fee Due (Explanation):						
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME: A JOHNSON TITLE: MANILEGAL						
SIGNATURE:						
OFFICE:						
THIS SPACE RESERVED FOR FINANCE USE ONLY:						
APPROVED: DATE:						
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B